

NATIONAL UNION OF HOSPITAL AND HEALTH CARE EMPLOYEES AFSCME AFL-CIO

1319 LOCUST STREET • PHILADELPHIA, PENNSYLVANIA 19107-5498 • 215-735-1300 • FAX 215-735-9878

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MARGUERITE STANFORD Secretary-Treasurer

SHEILA BENNETT Vice President

July 20, 2016

Deborah Chacona Reports Analysis Division Federal Election Commission Washington, DC 20463

RE: #CO00034066, July 15 Quarterly Report

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Dear Ms. Chacona,

Please see the above mentioned report and advise if there is anything further that is required.

Singerely,

Marguerite Stanford,

Treasurer

United We Care

FEC FORM 3X

REPORT OF RECEIPTS **AND DISBURSEMENTS**

For Other Than An Authorized Committee

RECEIVED FEO MAIL CENTER

Rev. 12/2004

2016 JUL CT. REP. Only

NAME OF COMMITTEE (in full)

Only

2046 * 07 * 25 * 0M * 00090992

TYPE OR PRINT ▼

Example: If typing, type over the lines.

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DISTRICT 11/1990 NATITIONALL MINITION OF HOSPITAL AND									
ADDRESS (number and street) VBILG LOCUST STREET Check if different									
Check if different than previously reported. (ACC)	PHLGADE	CITY A	A		P.¡Al		O_7-[54981	
00003406	General	3. IS THIS REPORT	11 91	NEW (N) OR	AN (A)	MENDED			
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(c) 12-Day PRE-Electic Report for t (d) 30-Day POST-Elect Report for t	Election on		(12C) / (13C) / (13C) / (13C) / (13C)	Sep Cot General	12S)	in the State of	Nov 20 (M11) Non-Election Year Only) Dec 20 (M12) Non-Election Year Only) Jan 31 (YE) Runoff (12R) Special (30S)	
5. Covering Period 24 2016 through 27 15 2016 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.									
Signature of Treasurer MARGUERITE STANFORD Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.									
Office Use	is, or incomplete infor	mation may su	bject the per	son signing this	s Heport to th		FORM		

OF RECEIPTS AND DISBURSEMENTS

1 EO TOTH OX (New OZ/Z000)	managan ngarang 200 - Panagan ngarang	
Write or Type Committee Name		
DISTRICT 1199C, N	MHHCE, POLITICAL	ACTION FUND
Report Covering the Period: From:	4 16 2016 T	0. 67 15 2016
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, January 1,		69052
(b) Cash on Hand at Beginning of Reporting Period	fundamental instruction in Clin 10 in 52	
(c) Total Receipts (from Line 19)		
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	programme programme of the second	690.52
7. Total Disbursements (from Line 31)	ense generijanskepensk som generijansk generijansk en generijansk generijansk generijansk generijansk generija	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1-6-0-52	1690.52
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	121866 0	
This committee has qualified as a multic	andidate committee. (see FEC FORM 1M)	
<u></u>	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

20-6:07:25:05:00000094

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE OF
FOR LINE NUMBER:
(check only one) 9

10

NAME OF COMMITTEE (In Full)					
DISTRICT 11990 POMTICAL ACTION FUND					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):				
DISTRICT 11990 POLITICAL ARTION FUND	Deposited in Error				
Mailing Address	Funds disbursed, not				
City State STRUET Zip Code	available to repay.				
PHICADELPHIA PA 19187					
Outstanding Balance Beginning This Period					
10000 1000 1000 1000 1000 1000 1000 10					
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period				
	Jaka Calo O				
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):				
Mailing Address 11990 POLITICAL ACTION FUND	Deposited in evror. Funds dubursed, not				
1319 LOCUST STREET	Funds dubursed, not				
City State Zip Code PHILADELPHIA PA 19/01	available for repayment				
Outstanding Balance Beginning This Period	'.				
Burnishman Amerikan Managhan M					
The second secon	Outstanding Release at Class of This Resid				
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period				
The second contraction and assessed the contraction of the contraction	the return the continue to the				
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):				
DISTRICT 1199C POLITICAL ACTION FUND	Transferred from non-flat.				
Mailing Address	account in error- Contribution				
City State Zip Code	was excessive - Requist for				
Philadelphia PA 19107	refund made.				
Outstanding Balance Beginning This Period					
Same de la constant d					
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period				
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1) SUBTOTALS This Period This Page (optional)	15 1866-11				
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2) TOTALS This Period (last page this line number only)	The contract of the contract o				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	1218600				

and Health Care Employees National Union of Hospital

AFSCME, AFL-CIO 1319 Locust Street Philadelphia, PA 19107-5498

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Tedenal Elaction Commission Washington, DC 26463 Report Analysis Division Deborah Chacens

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Address Correction Requested

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail Postmarked 7/19/2016	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
	Postmarked
USPS Priority Mail Express	
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
PREPARER MP	7/25/2016 DATE PREPARED
(3/2015)	